BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09682574

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			54		الم	2		RATE	FEE	0H 1	RATE	FEE
FOR					NU INAD	ED EVEDA	ł	BASIC FEE				
			NUMBER FILED			ER EXTRA	ŀ	DASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			59 minus 20=		* 34			X\$ 9=		OR	X\$18=	612.00
INDEPENDENT CLAIMS			<i>lO</i> minus 3 =		7			X40=		OR	X80=	560.00
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				٠	TOTAL		OR	TOTAL	18820
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)	(Columr HIGHES			(Column 3)	_	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9≃	,	OR	X\$18=	
	Independent	*	Minus	***	E CL AIM	=	Į	X40=		OR	X80=	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
TOTAL ADDIT. FEI										OR	TOTAL ADDIT. FEE	
					•							
AMENDMENT B	ja milit	CLAIMS REMAINING AFTER AMENDMENT	ar haj	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On.		
							L	+135= TOTAL		OR	+270=	
										OR	TOTAL ADDIT. FEE	
		(Column 1)	:	(Colui		(Column 3)	,					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		00	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pai					r four	nd in the app	ropriate box	in col	umn 1.	